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MAY 28 2004 2004 1:19PM

GLAXO WELLCOME

NO. 3851 P. 14

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727-1First Named Inventor:
BUXTONComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

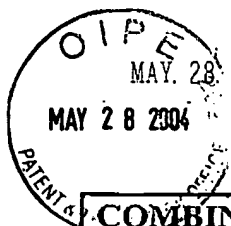
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	



MAY 28 2004 1:19PM

GLAXO WELLCOME

NO. 3851 P. 15

**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET
NUMBER
PU4727-1

I hereby claim the benefit under 35 U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

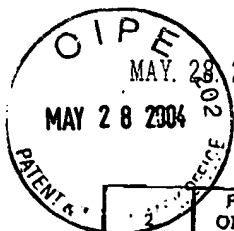
Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEPPENBROCK
919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME BUXTON	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CURRIE	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DELA-CRUZ	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME GOODSON	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

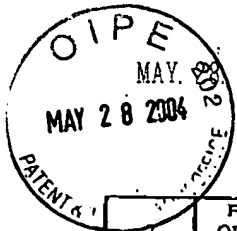


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GLAXO WELLCOME

NO. 3851 P. 16

0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	HARLOW	ESSEX, GB	AU
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US



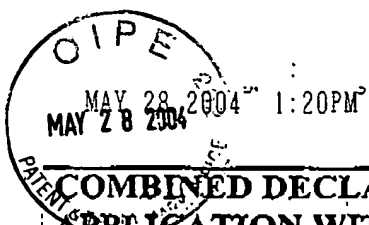
MAY 28 2004

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GLAXO WELLCOME

NO. 3851 P. 17

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US



GLAXO WELLCOME

919 NO. 38515 P. 18/11

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727-1First Named Inventor:
BUXTONComplete If known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

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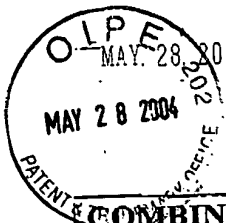
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2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	



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→ RTP P/NO. 3851 P. 19/03/005

**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4727-1

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

STATUS (Check one)

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20463

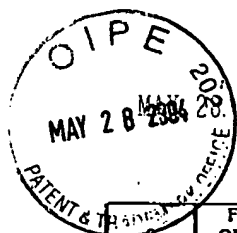
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Direct Telephone Calls to:

Bonnie DEPPENBROCK
919 483 1577

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	IAN	RICHARD
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	GB
1		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Robin	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
2		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	MYRNA	A
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
3		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	GARY	WAYNE
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

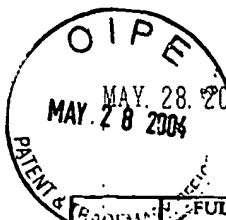


2004 1:21PM

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919NO. 385135 P. 20/11

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
4	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
4	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
4	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
4	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
4	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US



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GLAXO WELLCOME-COME

919NO. 385135 P. 215/11

0 4	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US



MAY 28 2004 1:21PM

GLAXO WELLCOME

NO. 3851 P. 22

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR 1.16(e))

GlaxoSmithKline Corporate IP Received BRENTFC 23 MAR 2004		ATTORNEY'S DOCKET PU4727-1
		First Named Inventor: BUXTON
		Complete if known: App No.:
		Filing Date
ATTY:	ADMIN:	Group Art Unit:
IPM: N/A	ON	UPDATED CH:
ATTY CHECKED: <input type="checkbox"/>		

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY)
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2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

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Application No.	Filing Date (MM/DD/YYYY)
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2.	
3.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4727-1

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
10/629/177	29 July 2003	PATENTED	PENDING	ABANDONED
			X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

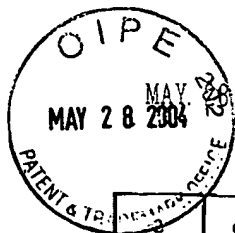
Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

Bonnie DEPPENBROCK
912 483 1577

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	IAN	RICHARD
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
		HALTON HILLS	ONTARIO, CA	17 March 2004
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline 7333 Mississauga Road North	Mississauga	GB
				STATE & ZIP CODE/COUNTRY
				Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	Robin	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
		DURHAM	NORTH CAROLINA, US	
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	US
				STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	MYRNA	A
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
		BRAMPTON	ONTARIO, CA	17 March 2004
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline 7333 Mississauga Road North	Mississauga	CA
				STATE & ZIP CODE/COUNTRY
				Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	GARY	WAYNE
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
		DURHAM	NORTH CAROLINA, US	
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	US
				STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US



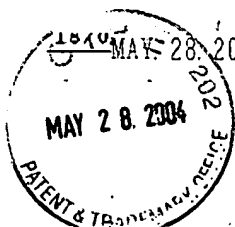
MAY 28 2004 1:22PM

GLAXO WELLCOME

NO. 3851 P. 24

0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: Mar 17 / 2004
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	CA
		7333 Mississauga Road North	Mississauga	STATE & ZIP CODE/COUNTRY
				Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 18 March 2004
	POST OFFICE ADDRESS	NORTH YORK	ONTARIO, CA	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	CA
		7333 Mississauga Road North	Mississauga	STATE & ZIP CODE/COUNTRY
				Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 18 March 2004
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	CA
		7333 Mississauga Road North	Mississauga	STATE & ZIP CODE/COUNTRY
				Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date: 8/31/04
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	US
		Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	US
		Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
	POST OFFICE ADDRESS	HARLOW	ESSEX, GB	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	AU
		Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	Date:
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline	CITY	US
		Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY
				North Carolina 27709, US

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature <i>Vijay K</i>		Date: <i>17 May 2004</i>
	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA



MAY 28 2004 1:22PM 047 GLAXO WELLCOME CORP IP

RTP PATEL NO. 3851 P. 26'005

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PU4727-1
First Named Inventor: BUXTON
<u>Complete if known:</u> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

[] is attached hereto.
OR

[x] was filed on as United States application Serial No. *10/726,752 or PCT International

Application Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applica

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	



2004 1:23PM 06 GLAXO WELLCOME SB CORP IP

NO. 3851 P. 27
RTP PATENTS @ 003/005**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

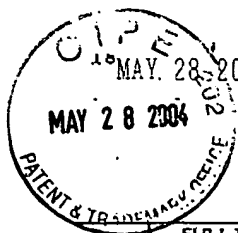
Address all correspondence and telephone calls to Customer Number **23347**

Direct Telephone Calls to:

Bonnie DEPPENBROCK
919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BUXTON	IAN	RICHARD
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	GB
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CURRIE	Robin	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DELA-CRUZ	MYRNA	A
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GOODSON	GARY	WAYNE
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
4	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US



MAY 28 2004 1:23PM 208 0 GLAXO WELLCOME SB CORP IP

→ RTP PA NO. 3851 P. 28/4/005

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	HARLOW	ESSEX, GB	AU
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US



MAY 28 2004 12:17PM GLAXO WELLCOME

P.13/29

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727-1First Named Inventor:
BUXTONComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

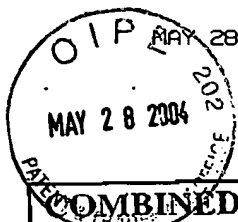
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	



MAY 28 '04 12:18PM GLAXO WELLCOME

P.14/29

**COMBINED DECLARATION FOR UTILITY or DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET
NUMBER
PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED
10/629/177		29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEFFENBROCK
919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature	IAN	RICHARD
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	GB
1		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CURRIE	Robin	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
2		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DELA-CRUZ	MYRNA	A
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
3		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GOODSON	GARY	WAYNE
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VIJAY	MOHAN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	MISSISSAUGA	ONTARIO, CA	CA
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPIRALA	GOPAL	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	HARLOW	ESSEX, GB	AU
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	DURHAM	NORTH CAROLINA, US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US



MAY 28 2004 12:19PM GLAXO WELLCOME

P. 17/29

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727-1First Named Inventor:
BUXTONComplete if known:
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

 ATTORNEY'S POCKET NUMBER
 PU4727-1

I hereby claim the benefit under 35 U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application is provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

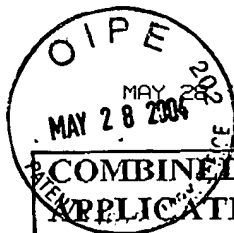
Bonnie DEPPENBROCK
 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME BUXTON Signature	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME CURRIE Signature	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME DELA-CRUZ Signature	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME GOODSON Signature	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME KAROLAK	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MALEKI	FIRST GIVEN NAME MEHRAN	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME IYER	FIRST GIVEN NAME VIJAY	SECOND GIVEN NAME/INITIAL MOHAN
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MUPPIRALA	FIRST GIVEN NAME GOPAL	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME PARR	FIRST GIVEN NAME ALAN	SECOND GIVEN NAME/INITIAL FRANK
	INVENTOR'S SIGNATURE	Signature <i>Alan Frank Parr</i>		Date: <i>06 May 2004</i>
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME SIDHU	FIRST GIVEN NAME JAGDEV	SECOND GIVEN NAME/INITIAL SINGH
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME STAGNER	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME/INITIAL ALLEN
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
0	INVENTOR'S SIGNATURE	Date:		
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4727-1

First Named Inventor:

BUXTON

Complete if known:

App No.:

Filing Date

Group Art Unit

GlaxoSmithKline
Corporate IP
Received BRENTFC

23 MAR 2004

ATTY:

ADMIN:

IPM: N/A

ON

UPDATED CH:

ATTY CHECKED FILE

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(c))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT InternationalApplication Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	

MAY 28 2004

MAY 28 '04 12:21PM GLAXO WELLCOME

P. 22/29

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

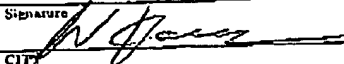

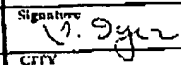
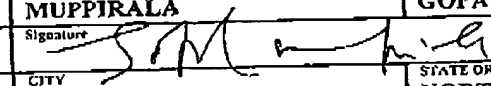
Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

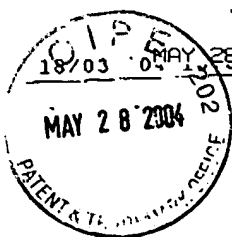
Bonnie DEPPENBROCK
919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME BUXTON	FIRST GIVEN NAME IAN	SECOND GIVEN NAME/INITIAL RICHARD
	INVENTOR'S SIGNATURE	Signature <i>Sam H. Buxton</i>		Date: <i>17 March 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY HALTON HILLS	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME CURRIE	FIRST GIVEN NAME Robin	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DELA-CRUZ	FIRST GIVEN NAME MYRNA	SECOND GIVEN NAME/INITIAL A
	INVENTOR'S SIGNATURE	Signature <i>Myrna Dela-Cruz</i>		Date: <i>17 March 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2	FULL NAME OF INVENTOR	FAMILY NAME GOODSON	FIRST GIVEN NAME GARY	SECOND GIVEN NAME/INITIAL WAYNE
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME KAROLAK	FIRST GIVEN NAME WLODZIMIERZ	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: Mar 2 17 / 2004
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MALEKI	FIRST GIVEN NAME MEHRAN	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 18 March 2004
	RESIDENCE & CITIZENSHIP	CITY NORTH YORK	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME IYER	FIRST GIVEN NAME VIJAY	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 18 March 2004
	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME MUPPIRALA	FIRST GIVEN NAME GOPAL	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 2/31/04
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME PARR	FIRST GIVEN NAME ALAN	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME SIDHU	FIRST GIVEN NAME JAGDEV	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY HARLOW	STATE OR FOREIGN COUNTRY ESSEX, GB	COUNTRY OF CITIZENSHIP AU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME STAGNER	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY DURHAM	STATE OR FOREIGN COUNTRY NORTH CAROLINA, US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
0	INVENTOR'S SIGNATURE	Signature <i>A. V. K.</i>	Date: <i>17 Mar 2004</i>	
0	RESIDENCE & CITIZENSHIP	CITY BRAMPTON	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline 7333 Mississauga Road North	CITY Mississauga	STATE & ZIP CODE/COUNTRY Ontario L5N 6L4, CA



18/03 05 MAY 28 '04 12:22PM GLAXO WELLCOME CORP IP

4 RTP PATENTS

P.25/29

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET PU4727-1
First Named Inventor: BUXTON
Complete if known: App No.:
Filing Date
Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL FORMULATIONS AND METHOD OF TREATMENT

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on as United States application Serial No. *10/726,752 or PCT International

Application Number _____ filed 02 December 2003 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims; as amended any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

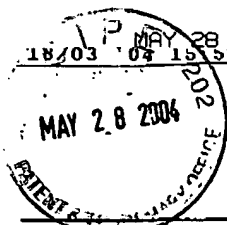
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0217493.6	GB	29 July 2002	X
2. 0217492.8	GB	29 July 2002	X
3. 0313801.3	GB	13 June 2003	X
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	



COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

 ATTORNEY'S DOCKET NUMBER
PU4727-1

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED
10/629/177	29 July 2003		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute and to transact all business in the Patent and Trademark Office connected therewith
 Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

Direct Telephone Calls to:

Bonnie DEFFENBROCK
 919 483 1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BUXTON	IAN	RICHARD
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	GB
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CURRIE	Robin	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DELA-CRUZ	MYRNA	A
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GOODSON	GARY	WAYNE
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KAROLAK	WLODZIMIERZ	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MALEKI	MEHRAN	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IYER	VJAY	MOHAN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		MISSISSAUGA	ONTARIO, CA	CA
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	MUPPITALA	GOPAL	Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PARR	ALAN	FRANK
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SIDHU	JAGDEV	SINGH
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		HARLOW	ESSEX, GB	AU
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAGNER	ROBERT	ALLEN
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		DURHAM	NORTH CAROLINA, US	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME VIJAY-KUMAR	FIRST GIVEN NAME AKUNURI	SECOND GIVEN NAME/INITIAL VENKATA
	INVENTOR'S SIGNATURE	Date:		
0	RESIDENCE & CITIZENSHIP	CITY MISSISSAUGA	STATE OR FOREIGN COUNTRY ONTARIO, CA	COUNTRY OF CITIZENSHIP IN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US